



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	\$0.33	\$0.33	5/1/2004
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	\$0.34	\$0.34	5/1/2004
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	\$0.35	\$0.35	5/1/2004
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	\$0.37	\$0.37	5/1/2004
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	BR	BR	3/1/1989
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	BR	BR	1/1/1993
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	BR	BR	1/1/1993
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	\$0.52	\$0.52	5/1/2004
A4215	NEEDLE, STERILE, ANY SIZE, EACH	\$0.02	\$0.02	5/1/2004
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	\$0.44	\$0.44	7/1/2004
A4217	STERILE WATER/SALINE, 500 ML	\$3.13	\$3.13	7/1/2004
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	BR	BR	1/1/2006
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	BR	BR	1/1/1994
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG	\$22.26	\$22.26	5/1/2004
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST	\$44.17	\$44.17	5/1/2004
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	BR	BR	1/1/2005
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	BR	BR	1/1/1996
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	BR	BR	1/1/1996
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	\$0.35	\$0.35	5/1/2004
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	\$0.80	\$0.80	4/1/2006
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	\$3.63	\$3.63	4/1/2006
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	\$2.34	\$2.34	4/1/2006
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	\$1.68	\$1.68	4/1/2006
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$4.67	\$4.67	5/1/2004
A4245	ALCOHOL WIPES, PER BOX	\$7.26	\$7.26	5/1/2004
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	\$8.30	\$8.30	5/1/2004
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	\$6.74	\$6.74	5/1/2004
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	BR	BR	1/1/2004
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	BR	BR	3/1/1989
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	\$36.17	\$36.17	5/1/2004
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	\$4.11	\$4.11	5/1/2004
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	\$9.72	\$9.72	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	\$12.75	\$12.75	5/1/2004
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	\$17.75	\$17.75	5/1/2004
A4259	LANCETS, PER BOX OF 100	\$12.06	\$12.06	5/1/2005
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	BR	BR	1/1/1999
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	BR	BR	1/1/1994
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$19.74	\$19.74	5/1/2004
A4265	PARAFFIN, PER POUND	\$3.39	\$3.39	5/1/2004
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	BR	BR	1/1/2003
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	BR	BR	1/1/2003
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	BR	BR	1/1/2003
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	BR	BR	1/1/2003
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	BR	BR	1/1/1994
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	\$5.05	\$5.05	10/1/2007
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	BR	BR	1/1/2003
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	BR	BR	1/1/2003
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	\$104.86	\$104.86	5/1/2004
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	\$19.74	\$19.74	5/1/2004
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	BR	BR	1/1/1996
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	BR	BR	1/1/1993
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	BR	BR	1/1/1993
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$7.70	\$7.70	5/1/2004
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$14.68	\$14.68	5/1/2004
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$18.04	\$18.04	5/1/2004
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$18.52	\$18.52	5/1/2004
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	\$21.50	\$21.50	5/1/2004
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,	\$26.39	\$26.39	5/1/2004
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	\$28.40	\$28.40	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$5.26	\$5.26	5/1/2004
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	BR	BR	1/1/1997
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	\$3.04	\$3.04	5/1/2004
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	\$10.79	\$10.79	5/1/2004
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	\$42.27	\$42.27	5/1/2004
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$10.45	\$10.45	5/1/2004
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	\$7.15	\$7.15	5/1/2004
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR	\$3.18	\$3.18	5/1/2004
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	\$0.12	\$0.12	5/1/2004
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.20	\$2.20	5/1/2004
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	\$4.93	\$4.93	5/1/2004
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	BR	BR	3/1/1989
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,	\$12.26	\$12.26	5/1/2004
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	\$31.75	\$31.75	5/1/2004
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	\$16.02	\$16.02	5/1/2004
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	\$19.25	\$19.25	5/1/2004
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$2.02	\$2.02	5/1/2005
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,	\$1.81	\$1.81	5/1/2004
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING	\$6.42	\$6.42	5/1/2004
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	\$7.00	\$7.00	5/1/2004
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$11.80	\$11.80	5/1/2004
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY	\$7.86	\$7.86	5/1/2004
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP	\$42.80	\$42.80	5/1/2004
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR	\$9.68	\$9.68	5/1/2004
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,	\$5.90	\$5.90	5/1/2004
A4361	OSTOMY FACEPLATE, EACH	\$18.37	\$18.37	5/1/2004
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	\$3.46	\$3.46	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	\$2.20	\$2.20	4/1/2006
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	\$2.93	\$2.93	5/1/2004
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	\$11.32	\$11.32	5/1/2004
A4366	OSTOMY VENT, ANY TYPE, EACH	\$1.30	\$1.30	5/1/2004
A4367	OSTOMY BELT, EACH	\$7.35	\$7.35	5/1/2004
A4368	OSTOMY FILTER, ANY TYPE, EACH	\$0.26	\$0.26	5/1/2004
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	\$2.06	\$2.06	5/1/2004
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$3.60	\$3.60	5/1/2004
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV	\$4.18	\$4.18	5/1/2004
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN	\$6.28	\$6.28	5/1/2004
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$17.18	\$17.18	5/1/2004
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$47.58	\$47.58	5/1/2004
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.29	\$4.29	5/1/2004
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$30.75	\$30.75	5/1/2004
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$15.02	\$15.02	5/1/2004
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$37.33	\$37.33	5/1/2004
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.61	\$4.61	5/1/2004
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$24.62	\$24.62	5/1/2004
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$28.19	\$28.19	5/1/2004
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$9.62	\$9.62	5/1/2004
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN	\$5.10	\$5.10	5/1/2004
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),	\$3.97	\$3.97	5/1/2004
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$4.36	\$4.36	5/1/2004
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	\$6.22	\$6.22	5/1/2004
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$9.61	\$9.61	5/1/2004
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	\$7.07	\$7.07	5/1/2004
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.18	\$8.18	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$9.04	\$9.04	5/1/2004
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID	\$2.58	\$2.58	5/1/2004
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.05	\$0.05	5/1/2004
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$40.48	\$40.48	5/1/2004
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	\$4.07	\$4.07	5/1/2004
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$13.81	\$13.81	5/1/2004
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	\$12.26	\$12.26	5/1/2004
A4400	OSTOMY IRRIGATION SET	\$48.87	\$48.87	5/1/2004
A4402	LUBRICANT, PER OUNCE	\$1.60	\$1.60	5/1/2004
A4404	OSTOMY RING, EACH	\$1.53	\$1.53	5/1/2004
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	\$3.40	\$3.40	5/1/2004
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$5.74	\$5.74	5/1/2004
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED	\$8.76	\$8.76	5/1/2004
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.87	\$9.87	5/1/2004
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$6.22	\$6.22	5/1/2004
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.04	\$9.04	5/1/2004
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	\$5.10	\$5.10	4/1/2006
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$2.70	\$2.70	4/1/2006
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$5.50	\$5.50	5/1/2004
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$4.93	\$4.93	5/1/2004
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$6.00	\$6.00	5/1/2004
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$2.75	\$2.75	5/1/2004
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$3.72	\$3.72	5/1/2004
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.81	\$1.81	5/1/2004
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$1.74	\$1.74	5/1/2004
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	BR	BR	1/1/2004
A4421	OSTOMY SUPPLY; MISCELLANEOUS	BR	BR	5/1/2005



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	\$0.12	\$0.12	5/1/2004
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$1.86	\$1.86	5/1/2004
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$4.75	\$4.75	5/1/2004
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	\$3.58	\$3.58	5/1/2004
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	\$2.73	\$2.73	5/1/2004
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$2.78	\$2.78	5/1/2004
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	\$6.51	\$6.51	5/1/2004
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$8.25	\$8.25	5/1/2004
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.52	\$8.52	5/1/2004
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	\$6.22	\$6.22	5/1/2004
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	\$3.59	\$3.59	5/1/2004
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$3.34	\$3.34	5/1/2004
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	\$3.76	\$3.76	5/1/2004
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.09	\$0.09	5/1/2005
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.36	\$0.36	5/1/2005
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	\$1.22	\$1.22	5/1/2004
A4458	ENEMA BAG WITH TUBING, REUSABLE	BR	BR	1/1/2003
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	\$3.29	\$3.29	1/1/2007
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	\$13.31	\$13.31	4/1/2007
A4465	NON-ELASTIC BINDER FOR EXTREMITY	BR	BR	1/1/1994
A4470	GRAVLEE JET WASHER	BR	BR	3/1/1989
A4480	VABRA ASPIRATOR	BR	BR	3/1/1989
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	\$0.38	\$0.38	5/1/2004
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	BR	BR	1/1/1999
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	BR	BR	10/1/1982
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	BR	BR	10/1/1982
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	BR	BR	3/1/1989
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	BR	BR	10/1/1982



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	BR	BR	1/1/2005
A4550	SURGICAL TRAYS	\$19.74	\$19.74	5/1/2004
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	BR	BR	10/1/1982
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	\$12.14	\$12.14	5/1/2004
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	\$17.94	\$17.94	5/1/2004
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER	\$5.45	\$5.45	5/1/2004
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	\$0.10	\$0.10	4/1/2007
A4561	PESSARY, RUBBER, ANY TYPE	\$19.43	\$19.43	10/1/2007
A4562	PESSARY, NON RUBBER, ANY TYPE	\$48.37	\$48.37	10/1/2007
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	BR	BR	1/1/1996
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	\$28.35	\$28.35	5/1/2004
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	BR	BR	1/1/2007
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	BR	BR	1/1/2007
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEV	\$66.81	\$66.81	4/1/2006
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	\$16.40	\$16.40	5/1/2005
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	BR	BR	1/1/2003
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	\$58.15	\$58.15	5/1/2004
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$166.98	\$166.98	5/1/2004
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$79.93	\$79.93	5/1/2004
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$144.21	\$144.21	5/1/2004
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	\$23.78	\$23.78	5/1/2004
A4615	CANNULA, NASAL	\$0.83	\$0.83	10/1/2007
A4616	TUBING (OXYGEN), PER FOOT	\$0.08	\$0.08	10/1/2007
A4617	MOUTH PIECE	\$3.59	\$3.59	10/1/2007
A4618	BREATHING CIRCUITS	\$7.56	\$7.56	5/1/2004
A4619	FACE TENT	\$1.21	\$1.21	5/1/2004
A4620	VARIABLE CONCENTRATION MASK	\$0.69	\$0.69	10/1/2007
A4623	TRACHEOSTOMY, INNER CANNULA	\$5.57	\$5.57	5/1/2004
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	\$2.63	\$2.63	5/1/2004
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	\$6.58	\$6.58	5/1/2004
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	\$2.71	\$2.71	5/1/2004
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE	\$16.62	\$16.62	5/1/2004





ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	\$3.65	\$3.65	5/1/2004
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$4.61	\$4.61	5/1/2004
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR	\$6.19	\$6.19	5/1/2004
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	\$41.04	\$41.04	5/1/2004
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	BR	BR	1/1/2003
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$4.35	\$4.35	5/1/2004
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	\$3.58	\$3.58	5/1/2004
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	\$1.81	\$1.81	5/1/2004
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	BR	BR	1/1/2004
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	\$287.21	\$287.21	5/1/2004
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD	\$53.82	\$53.82	5/1/2004
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/1994
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$1,507.50	\$1,507.50	5/1/2004
A4649	SURGICAL SUPPLY; MISCELLANEOUS	BR	BR	3/1/1989
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	BR	BR	1/1/2002
A4652	MICROCAPILLARY TUBE SEALANT	BR	BR	1/1/2002
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	BR	BR	1/1/2003
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	\$0.52	\$0.52	5/1/2004
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	BR	BR	8/1/1993
A4663	BLOOD PRESSURE CUFF ONLY	BR	BR	3/1/1989
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	BR	BR	3/1/1989
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	BR	BR	1/1/2004
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	BR	BR	1/1/2004
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	BR	BR	1/1/2004
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	BR	BR	1/1/2004
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002





ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	BR	BR	1/1/2002
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR	BR	1/1/2002
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	BR	BR	3/1/1989
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	BR	BR	1/1/2002
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	BR	BR	1/1/2002
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	BR	BR	1/1/2004
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	BR	BR	1/1/2002
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	BR	BR	1/1/2002
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	BR	BR	3/1/1989
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	\$8.30	\$8.30	5/1/2004
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	BR	BR	3/1/1989
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	BR	BR	3/1/1989
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	BR	BR	1/1/2002
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	\$10.37	\$10.37	5/1/2004
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	BR	BR	3/1/1989
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	\$31.63	\$31.63	5/1/2004
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	BR	BR	3/1/1989



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	BR	BR	3/1/1989
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	BR	BR	1/1/2002
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10	BR	BR	3/1/1989
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT	BR	BR	10/1/1982
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT	BR	BR	3/1/1989
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	BR	BR	1/1/2002
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	BR	BR	3/1/1989
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
A4927	GLOVES, NON-STERILE, PER 100	\$10.00	\$10.00	5/1/2004
A4928	SURGICAL MASK, PER 20	BR	BR	1/1/2002
A4929	TOURNIQUET FOR DIALYSIS, EACH	BR	BR	1/1/2002
A4930	GLOVES, STERILE, PER PAIR	BR	BR	1/1/2003
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	BR	BR	1/1/2003
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	BR	BR	1/1/2003
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	\$2.07	\$2.07	5/1/2004
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.49	\$1.49	5/1/2004
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$1.48	\$1.48	5/1/2004
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$1.79	\$1.79	5/1/2004
A5055	STOMA CAP	\$1.39	\$1.39	5/1/2004
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	\$3.52	\$3.52	5/1/2004
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$2.09	\$2.09	5/1/2004
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	\$2.70	\$2.70	5/1/2004
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	\$6.01	\$6.01	5/1/2004
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$3.43	\$3.43	5/1/2004
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$3.03	\$3.03	5/1/2004
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	\$2.81	\$2.81	5/1/2004
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$10.11	\$10.11	5/1/2004
A5093	OSTOMY ACCESSORY; CONVEX INSERT	\$1.95	\$1.95	5/1/2004
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	\$19.53	\$19.53	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A5105	URINARY SUSPENSORY; WITH OR WITHOUT LEG BAG, WITH OR WITHOUT TUBE, EACH	\$40.76	\$40.76	5/1/2004
A5112	URINARY LEG BAG; LATEX	\$34.62	\$34.62	5/1/2004
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$4.70	\$4.70	5/1/2004
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$8.94	\$8.94	5/1/2004
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.22	\$0.22	4/1/2006
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	\$6.34	\$6.34	5/1/2004
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	\$12.85	\$12.85	5/1/2004
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$1.32	\$1.32	5/1/2004
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	\$13.48	\$13.48	5/1/2004
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$11.29	\$11.29	5/1/2004
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$61.91	\$61.91	10/1/2007
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	\$185.70	\$185.70	10/1/2007
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54	\$27.54	10/1/2007
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54	\$27.54	10/1/2007
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54	\$27.54	10/1/2007
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$27.54	\$27.54	10/1/2007
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$27.54	\$27.54	10/1/2007
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR	BR	BR	1/1/2000
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	BR	BR	1/1/2002
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	\$30.96	\$30.96	5/1/2004
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	\$2.28	\$2.28	5/1/2004
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	\$21.02	\$21.02	5/1/2004
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$21.02	\$21.02	5/1/2004
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	\$190.30	\$190.30	5/1/2004
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	\$6.19	\$6.19	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	BR	BR	1/1/1997
A6154	WOUND POUCH, EACH	\$14.36	\$14.36	5/1/2004
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	\$7.35	\$7.35	5/1/2004
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16	\$16.44	\$16.44	5/1/2004
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48	BR	BR	1/1/1997
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	\$5.29	\$5.29	5/1/2004
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH	\$9.50	\$9.50	5/1/2004
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$20.80	\$20.80	5/1/2004
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER,	\$34.88	\$34.88	5/1/2004
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,	\$3.35	\$3.35	5/1/2004
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48	\$6.23	\$6.23	5/1/2004
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE	BR	BR	1/1/1997
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	BR	BR	1/1/1997
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	\$7.34	\$7.34	5/1/2004
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	BR	BR	1/1/1997
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$7.48	\$7.48	5/1/2004
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$19.92	\$19.92	5/1/2004
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$29.37	\$29.37	5/1/2004
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$9.70	\$9.70	5/1/2004
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	BR	BR	1/1/1997
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	\$10.29	\$10.29	5/1/2004
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	BR	BR	1/1/1997
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$0.05	\$0.05	5/1/2004
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	BR	BR	1/1/1997
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	BR	BR	1/1/1997
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$0.95	\$0.95	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	\$2.58	\$2.58	5/1/2004
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE	BR	BR	1/1/1997
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$2.13	\$2.13	5/1/2004
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$2.42	\$2.42	5/1/2004
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE	\$3.61	\$3.61	5/1/2004
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS,	BR	BR	1/1/1997
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT	\$3.61	\$3.61	5/1/2004
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN.,	BR	BR	1/1/1997
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR	\$4.68	\$4.68	5/1/2004
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN	\$6.88	\$6.88	5/1/2004
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48	\$19.19	\$19.19	5/1/2004
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$6.54	\$6.54	5/1/2004
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$16.82	\$16.82	5/1/2004
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	\$27.25	\$27.25	5/1/2004
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$7.91	\$7.91	5/1/2004
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$22.79	\$22.79	5/1/2004
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	BR	BR	1/1/1997
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	\$12.24	\$12.24	5/1/2004
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	\$2.57	\$2.57	5/1/2004
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$6.07	\$6.07	5/1/2004
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$12.31	\$12.31	5/1/2004
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$39.28	\$39.28	5/1/2004
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	\$7.27	\$7.27	5/1/2004
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	\$9.92	\$9.92	5/1/2004
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	\$23.78	\$23.78	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	\$16.24	\$16.24	5/1/2004
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	BR	BR	1/1/1997
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,	\$1.99	\$1.99	5/1/2004
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT	\$3.25	\$3.25	5/1/2004
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.,	\$6.34	\$6.34	5/1/2004
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH	\$1.21	\$1.21	5/1/2004
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT	\$3.03	\$3.03	5/1/2004
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH	BR	BR	1/1/1997
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.53	\$1.53	5/1/2004
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.,	\$4.30	\$4.30	5/1/2004
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	\$10.94	\$10.94	5/1/2004
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	BR	BR	1/1/1997
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED	BR	BR	1/1/1997
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	BR	BR	1/1/1997
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH,	\$1.92	\$1.92	5/1/2004
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	\$0.12	\$0.12	5/1/2004
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR	\$0.43	\$0.43	5/1/2004
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	BR	BR	1/1/1997
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	\$1.88	\$1.88	5/1/2004
A6410	EYE PAD, STERILE, EACH	\$0.39	\$0.39	5/1/2004
A6411	EYE PAD, NON-STERILE, EACH	BR	BR	1/1/2003
A6412	EYE PATCH, OCCLUSIVE, EACH	BR	BR	1/1/2003
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	\$0.67	\$0.67	5/1/2004
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN	\$0.17	\$0.17	5/1/2004
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.29	\$0.29	5/1/2004
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.56	\$0.56	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE	\$0.32	\$0.32	5/1/2004
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.41	\$0.41	5/1/2004
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.67	\$0.67	5/1/2004
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE	\$1.16	\$1.16	5/1/2004
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	\$1.75	\$1.75	5/1/2004
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	BR	BR	1/1/2004
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	BR	BR	1/1/2004
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	\$5.91	\$5.91	5/1/2004
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON- KNITTED/NON-WOVEN, WIDTH LESS THAN THREE	\$0.61	\$0.61	5/1/2004
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON- KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$0.77	\$0.77	5/1/2004
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON- KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	\$1.39	\$1.39	5/1/2004
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON- ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	\$1.28	\$1.28	5/1/2004
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	\$1.14	\$1.14	1/1/2006
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	BR	BR	1/1/2003
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	BR	BR	1/1/2003
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	BR	BR	1/1/2003
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	BR	BR	1/1/2003
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	BR	BR	1/1/2003
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	BR	BR	1/1/2003
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	BR	BR	1/1/2003
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	BR	BR	1/1/2003
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	BR	BR	1/1/2003





ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	BR	BR	1/1/2003
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	BR	BR	1/1/2003
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	BR	BR	1/1/2006
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES AL	\$27.42	\$27.42	5/1/2004
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$9.54	\$9.54	5/1/2004
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$33.08	\$33.08	5/1/2004
A7002	TUBING, USED WITH SUCTION PUMP, EACH	\$3.83	\$3.83	5/1/2004
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$2.74	\$2.74	5/1/2004
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	\$1.80	\$1.80	5/1/2004
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$30.83	\$30.83	5/1/2004
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$9.54	\$9.54	5/1/2004
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.61	\$4.61	5/1/2004
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$11.00	\$11.00	5/1/2004
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	\$42.04	\$42.04	5/1/2004
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	\$23.59	\$23.59	5/1/2004
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	BR	BR	1/1/2000
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	\$3.78	\$3.78	5/1/2004
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	\$0.83	\$0.83	5/1/2004
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.49	\$4.49	5/1/2004
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.88	\$1.88	5/1/2004
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$7.25	\$7.25	5/1/2004
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	\$134.04	\$134.04	5/1/2004
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.38	\$0.38	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH	\$434.94	\$434.94	5/1/2004
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH	\$28.75	\$28.75	5/1/2004
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$188.64	\$188.64	5/1/2004
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$69.77	\$69.77	5/1/2004
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	\$40.53	\$40.53	5/1/2004
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	\$28.41	\$28.41	5/1/2004
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	\$117.64	\$117.64	5/1/2004
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$39.75	\$39.75	5/1/2004
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$18.20	\$18.20	5/1/2004
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$41.02	\$41.02	5/1/2004
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$5.39	\$5.39	5/1/2004
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$15.33	\$15.33	5/1/2004
A7040	ONE WAY CHEST DRAIN VALVE	\$38.44	\$38.44	10/1/2007
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	\$72.24	\$72.24	10/1/2007
A7042	IMPLANTED PLEURAL CATHETER, EACH	\$170.57	\$170.57	10/1/2007
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	\$27.37	\$27.37	10/1/2007
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$120.91	\$120.91	5/1/2004
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	\$19.47	\$19.47	5/1/2005
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	\$19.51	\$19.51	5/1/2004
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	\$105.03	\$105.03	5/1/2004
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	\$49.91	\$49.91	5/1/2004
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND	\$11.33	\$11.33	5/1/2004
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	\$0.67	\$0.67	5/1/2004
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE	\$4.68	\$4.68	5/1/2004
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH	\$0.33	\$0.33	5/1/2004
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	\$2.49	\$2.49	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE	\$2.87	\$2.87	5/1/2004
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A	\$1.41	\$1.41	5/1/2004
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE	\$47.48	\$47.48	5/1/2004
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	\$47.05	\$47.05	5/1/2004
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND	\$45.16	\$45.16	5/1/2004
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	BR	BR	1/1/2004
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	\$77.40	\$77.40	5/1/2004
A7525	TRACHEOSTOMY MASK, EACH	\$2.07	\$2.07	5/1/2004
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	\$3.37	\$3.37	5/1/2004
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	\$3.58	\$3.58	5/1/2005
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$153.35	\$153.35	1/1/2007
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$153.35	\$153.35	1/1/2007
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	BR	BR	1/1/2007
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	BR	BR	1/1/2007
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	BR	BR	1/1/2007
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	BR	BR	1/1/2006
A9300	EXERCISE EQUIPMENT	BR	BR	1/1/1993
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$115.29	\$115.29	5/1/2004
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$108.00	\$108.00	5/1/2004
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$39.60	\$39.60	5/1/2004
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$450.00	\$450.00	5/1/2004
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$29.49	\$29.49	5/1/2004
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$2,076.75	\$2,076.75	5/1/2004
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$1,080.00	\$1,080.00	5/1/2004
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$54.00	\$54.00	5/1/2004
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2003



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A9516	IODINE I-123 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER 100 MICROCURIES	BR	BR	1/1/2003
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2003
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2003
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	BR	BR	1/1/2003
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	BR	BR	1/1/2004
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$10.11	\$10.11	1/1/2007
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2004
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2004
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2004
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	BR	BR	1/1/2004
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	BR	BR	1/1/2004
A9535	INJECTION, METHYLENE BLUE, 1 ML	\$2.14	\$2.14	1/1/2006
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	BR	BR	1/1/2006
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	BR	BR	1/1/2006
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	BR	BR	1/1/2006
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	BR	BR	1/1/2006
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	BR	BR	1/1/2006
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	BR	BR	1/1/2006
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MIL	\$21,453.02	\$21,453.02	1/1/2006
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	BR	BR	1/1/2006
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	BR	BR	1/1/2006
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	BR	BR	1/1/2006



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$291.61	\$291.61	1/1/2006
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	BR	BR	1/1/2006
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	BR	BR	1/1/2006
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$126.63	\$126.63	1/1/2006
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	BR	BR	1/1/2006
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	BR	BR	1/1/2006
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	BR	BR	1/1/2006
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	BR	BR	1/1/2006
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2006
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	BR	BR	1/1/2006
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	BR	BR	1/1/2006
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	BR	BR	1/1/2006
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	BR	BR	1/1/2006
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	BR	BR	1/1/2006
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2006
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	BR	BR	1/1/2006
A9565	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER MILLICURIE	BR	BR	1/1/2006
A9566	TECHNETIUM TC-99M FANESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	BR	BR	1/1/2006
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	BR	BR	1/1/2006
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$1,942.20	\$1,942.20	1/1/2007
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	\$912.71	\$912.71	5/1/2004
A9605	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER 50 MILLICURIES	\$966.32	\$966.32	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	BR	BR	1/1/2006
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	BR	BR	1/1/2001
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS C	BR	BR	1/1/2000
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	BR	BR	1/1/2000
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	BR	BR	1/1/2004
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	BR	BR	1/1/2004
E1637	HEMOSTATS, EACH	BR	BR	1/1/2002
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT	\$139.06	\$139.06	10/1/2007
K0535	GAUZ,IMPREGNATED,HYDROGEL,FOR DIRECT WOUND CONTACT,PAD SIZE 16SQ IN OR LESS W/O	BR	BR	7/1/2000
K0536	GAUZE,IMPREGNATED,HYDROGEL,FOR DIRECT WOULD CONTACT,PAD SIZEMORE>16SQ<48SQ IN	BR	BR	7/1/2000
K0537	GAUZE,IMPREGNATED,HYDROGEL,FOR DIRECT WOUND CONTACT,PAD>48SQINCHES W/O ADHESIVE	BR	BR	7/1/2000
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	BR	BR	1/1/1994
Q0188	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	BR	BR	1/1/2002
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$73,956.06	\$73,956.06	10/1/2007
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEV.-REPLAC	\$11,931.94	\$11,931.94	10/1/2007
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMB. VENTRICULAR AS	\$3,737.31	\$3,737.31	10/1/2007
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$15,396.04	\$15,396.04	10/1/2007
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELEC. OR ELEC/PHEUMATIC VENTRICULAR ASSIST	\$2,989.86	\$2,989.86	10/1/2007
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$288.67	\$288.67	10/1/2007
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLAC	\$240.26	\$240.26	10/1/2007
Q0487	LEADS (PHEUMTIC/ELEC) FOR USE WITH ANY TYPE ELEC/PNEUMATIC VENTRICULAR DEVICE	\$280.30	\$280.30	10/1/2007
Q0488	POWER PACK BASE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICEREPLACEMENT ONLY	BR	BR	11/1/2005



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
Q0489	POWER PACK BASE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEME	\$13,347.54	\$13,347.54	10/1/2007
Q0490	EMERG POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$577.34	\$577.34	10/1/2007
Q0491	EMERG. POWER SOURCE FOR USE WITH ELEC/PHEUMATIC VENTRICULAR ASSIST DEVICE	\$907.66	\$907.66	10/1/2007
Q0493	EMERG. POWER SUPPLY CABLE FOR USE WITH ELEC/PHEUMONIC VENTRICULAR ASSIST DEVICE	\$208.22	\$208.22	10/1/2007
Q0494	EMERG. HAND PUMP FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$176.19	\$176.19	10/1/2007
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASST	\$3,429.97	\$3,429.97	10/1/2007
Q0496	BATTERY FOR USE WITH ELEC. OR ELEC/PNEUMATIC ASSIST DEVICE, REPLACEMENT ONLY	\$1,231.07	\$1,231.07	10/1/2007
Q0497	BATTERY CLIPS FOR USE WITH ELEC. OR ELEC./PNEUMATIC VENTRICULAR ASSIST DEVICE	\$384.41	\$384.41	10/1/2007
Q0498	HOLSTER FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$421.78	\$421.78	10/1/2007
Q0499	BELT/VEST FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASST. DEV- REPLACEMENT	\$137.04	\$137.04	10/1/2007
Q0500	FILTERS FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLACEMENT	\$25.07	\$25.07	10/1/2007
Q0501	SHOWER COVER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICUL AR ASSIST DEV- REPLAC	\$419.36	\$419.36	10/1/2007
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE-REPLACEMENT ONLY	\$533.89	\$533.89	10/1/2007
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	\$1,067.80	\$1,067.80	10/1/2007
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE	\$563.46	\$563.46	10/1/2007
Q0505	MISC. SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	BR	BR	11/1/2005
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	BR	BR	1/1/2001
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	\$34.78	\$34.78	5/1/2004
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$131.44	\$131.44	5/1/2004
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$24.98	\$24.98	5/1/2004
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$86.48	\$86.48	5/1/2004
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$9.21	\$9.21	5/1/2004
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.76	\$20.76	5/1/2004





ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$4.61	\$4.61	5/1/2004
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$10.38	\$10.38	5/1/2004
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.14	\$6.14	5/1/2004
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$13.84	\$13.84	5/1/2004
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$3.07	\$3.07	5/1/2004
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.92	\$6.92	5/1/2004
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$11.18	\$11.18	5/1/2004
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$18.88	\$18.88	5/1/2004
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$5.59	\$5.59	5/1/2004
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$9.44	\$9.44	5/1/2004
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$6.47	\$6.47	5/1/2004
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.32	\$10.32	5/1/2004
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$3.24	\$3.24	5/1/2004
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$5.16	\$5.16	5/1/2004
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$4.79	\$4.79	5/1/2004
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.64	\$8.64	5/1/2004
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$2.40	\$2.40	5/1/2004
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$4.32	\$4.32	5/1/2004
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$26.86	\$26.86	5/1/2004
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$83.85	\$83.85	5/1/2004
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$13.43	\$13.43	5/1/2004
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$41.93	\$41.93	5/1/2004
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$20.53	\$20.53	5/1/2004
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$54.05	\$54.05	5/1/2004
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$10.27	\$10.27	5/1/2004



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$27.03	\$27.03	5/1/2004
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$19.15	\$19.15	5/1/2004
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$47.65	\$47.65	5/1/2004
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$9.58	\$9.58	5/1/2004
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$23.83	\$23.83	5/1/2004
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$11.69	\$11.69	5/1/2004
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$29.27	\$29.27	5/1/2004
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$5.85	\$5.85	5/1/2004
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$14.64	\$14.64	5/1/2004
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	BR	BR	7/1/2001
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$24.25	\$24.25	5/1/2004
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$7.10	\$7.10	5/1/2004
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$12.13	\$12.13	5/1/2004
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$8.25	\$8.25	5/1/2004
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$13.27	\$13.27	5/1/2004
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$4.12	\$4.12	5/1/2004
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.64	\$6.64	5/1/2004
Q4049	FINGER SPLINT, STATIC	\$1.50	\$1.50	5/1/2004
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	BR	BR	7/1/2001
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	BR	BR	7/1/2001
Q4078	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N-13, PER DOSE	BR	BR	10/1/2003
Q9945	LOW OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.29	\$0.29	4/1/2006
Q9946	LOW OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.78	\$1.78	10/1/2007
Q9947	LOW OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$1.28	\$1.28	10/1/2007
Q9948	LOW OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.35	\$0.35	10/1/2007



ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
Our first care is your health care

## 2007 Rate Codes - Medical and Surgical Supplies

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
Q9949	LOW OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.38	\$0.38	10/1/2007
Q9950	LOW OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION PER ML	\$0.23	\$0.23	4/1/2006
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	BR	BR	4/1/2005
Q9952	INJECTION, GADOLMIUM-BASED MAGNETIC RESONANCE CONTRAST AGENTPER ML	\$2.76	\$2.76	10/1/2007
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	\$30.41	\$30.41	4/1/2006
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$9.29	\$9.29	10/1/2007
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	\$13.25	\$13.25	5/1/2005
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	\$49.61	\$49.61	10/1/2007
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$61.09	\$61.09	10/1/2007
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.07	\$0.07	4/1/2007
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	BR	BR	7/1/2005
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	\$0.11	\$0.11	10/1/2007
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.21	\$0.21	10/1/2007
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	\$0.18	\$0.18	10/1/2007
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.40	\$0.40	4/1/2007
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.19	\$0.19	4/1/2007